

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9351</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>Cindy</u> <u>Tuttle</u> P O Box, Bldg, Room No, if any _____ Street <u>P.O. Box 718</u> City <u>West Sacramento</u> State <u>California</u> ZIP Code + 4 <u>95691</u>	4 Name, file number, and address of labor organization Name <u>Operating Engineers Local Union No. 3</u> Labor Organization File Number <u>035-651</u> P O Box, Building and Room Number, if any _____ Street <u>1620 South Loop Road</u> City <u>Alameda</u> State <u>California</u> ZIP Code + 4 <u>94502</u>
5 Position in labor organization <u>PR &amp; Political Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount. _____

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed Cindy L Tuttle Of 8/12/05 Date 916-372-9528 Telephone Number



Name of Person Filing **Cindy Tuttle**File Number **U-****Part B Continuation Page**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8 Name and address of Business (including trade name, if any)**Name **McMorgan & Co**

Trade Name, if any

P O Box, Bldg, Room No, if any

Street **1 Bush Street, Suite 800**City **San Francisco**State **California**ZIP Code + 4 **94104****9 Business deals with**☒ **a Labor Organization**☐ **b Trust**☐ **c Employer****10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

**11 a Nature of such dealing****Local Union's investment manager****11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****Attended lunches, dinners and other events hosted by McMorgan & Co****12 b Amount****\$991**

Name of Person Filing **Cindy Tuttle**

File Number **U-**

**Part B Continuation Page**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8 Name and address of Business (including trade name, if any)**

Name **Associated Third Party Administrators**

Trade Name, if any **ATPA**

P O Box, Bldg, Room No, if any

Street **1640 South Loop Road**

City **Alameda**

State **California** ZIP Code + 4 **94502**

**10 If 9 b or 9 c is checked give trust or employer's name**

Name **Operating Engineers Trust Funds**

Trade Name, if any

P O Box, Bldg, Room No, if any

Street **1640 South Loop Road**

City **Alameda**

State **California** ZIP Code + 4 **94502**

**9 Business deals with**

☐ a Labor Organization

☒ b Trust

☐ c Employer

**11 a Nature of such dealing**

Provides third party administration services for the Local Union's related pension and welfare trust funds

**11 b Approximate dollar value of such dealing**

**12 a Nature of interest held or income received**

Attended lunches, dinners and other events hosted by ATPA

**12 b Amount.**

**\$510**